PTO/SB/17 (10-08)
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Under the Paperwork Reduction Act o	quired to r	respond to a collection of information unless it displays a valid OMB control number						
Effective on 12/08.	ļ.	Complete if Known						
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2009					Patent#: 6,926,948B2			
					Issued: August 9, 2005			
					Yasuo TOYOSHIMA			
			Examiner Name N		Not Yet Assigned			
Applicant claims small entity status. See 37 CFR 1.27			7 de Orine		N/A			
TOTAL AMOUNT OF PAYMENT (\$) 100.00			Attorney Docket No. 0		0445-0308P			
METHOD OF PAYMENT (check	all that apply)							
Check Credit Card Money Order None Other (please identify):								
x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17								
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND E	XAMINATION FEE	S				······		
FI	LING FEES	SEA	RCH FEES	EXAMII	NATION FEES			
Application Type Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees	Paid (\$)	
Utility 330		540	270	220	110	1000	<u>- αια (φ)</u>	
Design 220		100	50	140	70			
Plant 220		330	165	170	85			
Reissue 330		540	270	650	325			
Provisional 220		0	0	050	0			
2. EXCESS CLAIM FEES	110	Ü	v	Ū	V		Small Entity	
Fee Description						Fee (\$)	Fee (\$)	
Each claim over 20 (including Reiss	sues)					52	26	
Each independent claim over 3 (incl				220	110			
Multiple dependent claims						390	195	
<u>Total Claims</u> Extra Claim	s Fee (\$)	Fee	e Paid (\$)	<u>N</u>	ultiple Dependent Claims		<u>s</u>	
- 20 or HP	_ x =			<u>F</u>	ee (\$) <u>F</u>	ee Paid (<u>\$)</u>	
HP = highest number of total claims paid for	r, if greater than 20.						_	
Indep. Claims Extra Claim	s <u>Fee (\$)</u>	Fee Paid (\$)						
-3 or HP =	_ x =							
HP = highest number of independent claims	s paid for, if greater than	3.						
3. APPLICATION SIZE FEE If the specification and drawings expected in the specification and drawings expected in the specific at the specific	wasad 100 abasta af	fmaman (avaludina alaatus	i	ilad assumes and			
listings under 37 CFR 1.52(e)),							0	
sheets or fraction thereof. See 3	35 U.S.C. 41(a)(1)(G) and 3	37 CFR 1.16(s).		north to the action ac	.aonar o		
Total Sheets Extra Shee	ts Number of	f each ad	lditional 50 or frac	tion there	of Fee (\$)	<u>Fee</u>	Paid (\$)	
100 =	/50 =	/	(round up to a whole	le number)	x =	·		
4. OTHER FEE(S)							Paid (\$)	
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): 1811 Certificate of correction						1	00.00	
SUBMITTED BY								
Signature // 1	- (Registration No. (Attorney/Agent) 32,881 Telephone (703) 205-8000						
Name (Print/Type) John W. Bailey					Date MA	Date MAR 1 9 2009		
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